

Addressing the Prevention Needs of Clients Who Test Positive

Course Dates:

November 16, 2007
Greenville, SC

All trainings will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.

Registration form

***For registration, cancellation, or course
Information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
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***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 2-day training will prepare participants to provide counseling services to people living with HIV to avoid sexual and substance use behaviors that can result in transmitting HIV to others and negative health outcomes for themselves. The important issues of disclosing HIV status to sex and drug-use partners will be addressed, along with skills for providing support and motivation in this area. The training will also address identifying and creating linkages to referral services.

Topics to be covered and specific skills to be practiced include:

- Psychosocial issues that can make it difficult for PWA to change sexual and substance using behaviors associated with HIV transmission.
- Provider values and beliefs about addressing prevention issues with their HIV positive clients.
- Advanced skills associated with working one-on-one with HIV positive clients on prevention issues.
- Applying behavior change strategies to treatment adherence challenges
- Supporting clients in disclosing their HIV status to partners
- Referrals for prevention services.

Prerequisites:

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- HIV Test Decision and Results Counseling AND HIV Risk Reduction Counseling

OR

Fundamentals of HIV Prevention Counseling

Audience:

All Health and Human Services Providers

Instructor (s):

Bill Hight, Ph. D

Training Hours:



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

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*HIV, STD, and SC STD/HIV Law and Test Decision Counseling, Result Counseling, and Risk Reduction Counseling are prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhc.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.